POSTER SESSION 2: TRANSPLANT NURSING-CLINICAL

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Incorporating Treatment into Life: A Retrospective Analysis of Clinical, Financial and Quality of Life Measures Following Hematopoietic Stem Cell Transplant in Patients Receiving Home Subcutaneous Immune Globulin

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Hematopoietic stem cell transplant, (HSCT) is a treatment option for children with severe combined immune deficiency (SCID). Long term use of gamma globulin is sometimes necessary for patients who do not have complete B-cell recovery. Recently, the use of subcutaneous immune globulin (SCIG) has become an increasingly popular alternative to IVIG. The purpose of this poster is to report on a quality assurance project which evaluated the clinical management and experiences of 11 patients with SCID who transitioned from hospital outpatient IVIG infusions to SCIG administration at home.

The home infusion pharmacy and nursing evaluations of 11 post BMT patients, (ages 1-25, median age 4) were reviewed. The patients received a total of 958 SCIG infusions for an average of 87 infusions per patient. The clinical management model for these home SCIG patients included initial SCIG training from a home infusion RN. In addition, ongoing pharmacist monitoring and management included: identification and management of SCIG related side effects, weight, dose, compliance, reported infections, antibiotic use and labs. The number of work or school days missed related to SCIG was assessed.

Most patients required three nursing visits before becoming independent with SCIG infusions. 11 infections were reported over 6246 patient days, or 0.0048 infections/patient/month. 15 days of school or work activities were missed, or 0.0026 missed days/patient/month. 18% of patients reported SCIG related side effects. All were minor and managed at home. This represented 0.34% of all infusions and is significantly lower than the reported 3% side effect rate of home IVIG.

The average cost per patient for the initial SCIG training was $309. The subsequent estimated average cost per patient for drug and supplies was $806 per month with a mean dose of 2.4 grams/week. The distance from the home to the outpatient infusion center ranged between 3 and 103 miles for an average travel time of 73 minutes each way, resulting in a travel time savings of 146 minutes per month when comparing home SCIG to outpatient IVIG.

Additional clinical assessment included quality of life interviews that queried the impact of outpatient IVIG vs SCIG at home on patient-reported issues (compliance, time, side effects, cost, health and preference). Results will be reported in detail. Home SCIG enables incorporation of treatment into life, rather than working life into treatment for select clinically appropriate patients. Nurses are in a unique position to empower and educate patients and caregivers on individualized options related to immune globulin site of service and route of administration.

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Communication: Stagtegies to Improve Nurse to Nurse Handoff and Nurse-Provider Communication

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Significance & Background: The IOM identified that communication failures were one of the leading causes of care breakdown. Communication failures had been identified in our facility specifically between nurse and providers and at nurse to nurse handoffs.

Purpose: The goal of this project was to improve communication at time of patient hand-offs and to increase communication between clinical nurses and providers to decrease errors that reach our patients.

Intervention: This project included an institutional endeavor which implemented nurse to nurse bedside report. At the unit level we also implemented structured verbal and written report and nurse led multi-disciplinary rounds. Our written report tool is utilized to guide both the nurse to nurse handoff and our nurse led rounds.

Evaluation: We our now 100% compliant with our bedside report metrics . We have been able to identify medication errors through bedside report. Our structured report helped to maintain our incremental time while being able to convey our complex patients concisely and quickly. Nurse led rounds has empowered nurses to be advocates and opened up the communication between disciplines.

Discussion: our stategies to increase communication has been successfully incorporated into our units culture. It took nursing leadership, transparency and linking these changes to our organizations primary value to gain full adoption.

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Fall Reduction: Strategies in Action

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Significance & Background: During the last two years our unit has been trying to address our falls rate. At the start of this project our unit had the highest rate of falls in our facility.

Purpose: The goal of this project was to decrease our units falls.

Intervention: Through an EBP practice project interventions were identified. These interventions included staff education, patient education, and accountability tools. Staff education was created based off our already existing falls policy with an emphasis on the use of bed alarms. Staff education was disseminated at multiple time points and via a Team Days approach and walking rounds. Patient education was utilized and incorporated in our pre-hospital education and at time of admission. Accountability tools were developed and consistently completed.

Evaluation: We have been able to decrease our fall rate from our units highest rate of 6.6 to 2.3 per 1,000 patient days. Accountability was key to our success.

Discussion: Falls initiatives are an on-going process. Many lessons were learned during our project including how to maintain staff awareness through transparency and story telling.